



# TRICARE Northwest

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## Calendar of Events

### July

27th: Mental Health Consortium Mtg. at USCG, Seattle; POC: LTC Voepel, (253) 968-3432

### August

17-19th: Region 11 Conference at the Sheridan Hotel, Tacoma. Register online at our website.

27th: Mental Health Consortium at USCG, Seattle. POC: LTC Voepel (253) 968-3432



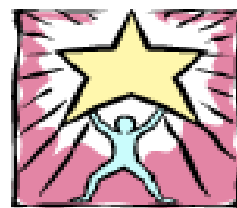
## NHB Nets Health Promotion Award By Judith Robertson, NHB PAO

Naval Hospital Bremerton is the recipient of the Gold Star Award, the highest award given for Command Excellence in Health Promotion by the Navy Environmental Health Center, based in Norfolk, Virginia.

The Gold Star Award signifies the highest level of achievement for com-

mands that demonstrate top leadership participation in word and deed and have a strategic plan that includes health promotion as a major focus.

According to Janet Mano, RN, Health Promotion Coordinator at the Naval Hospital, the award signifies that Naval Hospital Bremerton is putting resources into



prevention, and not just talking about it. "Navy leadership, from the Surgeon General on down, has been talking about switching

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## Medical Group Opens Family Health Center By 1Lt Sara K. Berndtson

The new Family Health Center at the 92d Medical Group opened Monday, June 7<sup>th</sup>. The Family Health Center is part of a \$4M renovation project that began in the Fall of 1998 to re-configure the former Primary Care, Pediatric, and Internal Medicine Clinics and improve the

health care delivery system. The Center provides a complete range of family health care services for infants to geriatric patients and offers convenient extended hours from 0730 to 1930 Monday through Friday and from 0900 to 1700 on weekends, holidays, and Strike Hawk

days.

The Family Health Center was designed to comply with the latest industry design criteria and standards and Air Force guidelines in order to provide streamlined health care delivery for increased patient convenience. The

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## Medical Group Opens Family Health Center, contd.

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Center was reconfigured to eliminate dead end corridors and provide at least two patient rooms per provider to improve clinical productivity, patient traffic flow, and ease of locating providers while decreasing the waiting time of patients. The renovation project also included asbestos removal and new walls, paint, ceilings, floor coverings, furniture, and cabinetry.

Improvements to the facility were complimented by an expanded medical staff and new patient flow process. Staff members include family practice physicians, physician assistants, pediatricians,

women's health nurse practitioners, professional nursing and support staff, and gynecology and pediatric endocrinology consultants from Madigan Army Medical Center. The Family Health Center emphasizes preventative health care and more closely involves nurses and



technicians in each patient visit. All patients receive a complete preventative health review in order for all medical tests and education classes to be scheduled during the appointment. Nurse run clinics allow patients to schedule individual appointments for routine injections and diabetic and asthma education.

The Family Health Center can provide care for acute lacerations and other minor injuries. Extended hour care are available at the Family Health Center. All emergency services continue to be provided by civilian medical facilities. The temporary Primary Care Clinic closed on June 4<sup>th</sup>.

## TRICARE REMOTE PRIME By Chris Hober, TRICARE Northwest

When the TRICARE Prime Remote Program (TPR) begins DoD-wide in October, TRICARE Northwest beneficiaries who enrolled in the pilot program for Geographically Separated Units (GSUs) will not see many changes to their current benefit. Most of the changes that will go into effect will be transparent to that group.

New units, however, could be affected greatly. Whether or not they are depends on their proximity to an existing Prime network. If a new remote unit forms or otherwise joins the program where a network already exists, both active duty service members and their family members may enroll with a Primary Care Manager.

On the other hand, if a unit stands up or joins the program where no such network exists,

only the service member will be eligible to enroll. Family members would get their care through TRICARE Extra or Standard. Since no Prime network exists in that location, service members would not enroll with a Primary Care Manager, but simply obtain their care, as needed, from a local physician who participates in TRICARE Standard.

Unlike other TRICARE Prime programs, TPR has no portability. When service members join a new unit designated as a GSU, they must enroll as soon as they in-process at their new duty station. When TPR enrollees move out of the region, they must disenroll from TPR as soon as they arrive at their new duty station. At that point, they may choose to enroll their family members in TRICARE Prime at their new location if a Prime network is

available there.

As part of TRICARE Northwest, members of the U.S. Coast Guard, U.S. Public Health Service and National Oceanic and Atmospheric Administration (NOAA) will also be included in TPR. It will still be mandatory that each service member enroll in TPR if they belong to a unit designated as geographically separated, regardless of whether a TRICARE Prime provider network is located nearby.

Under the TPR Program, service members who potentially have conditions that may effect their fitness for duty status will coordinate their care with a health care finder, who will reconcile the issue with the respective service point of contact.

## NHB Honored for Commuting Wisely By Judith Robertson, NHB PAO

Naval Hospital Bremerton ranked among Washington State businesses presented with the Governor's Commute Smart Award for 1999. Of the 18 organizations that received the award, Naval Hospital Bremerton was the only military facility recognized and the only employer from Kitsap County.

Capt. Gregg Parker, hospital commanding officer, and Lt. Craig Spray, head, Facilities Management Dept., accepted the award during a luncheon ceremony with Governor Gary Locke in Olympia June 8.

Thirty-seven companies



throughout the state, who had implemented the Commute Trip Reduction program, were nominated for the award that recognizes outstanding contributions that promote regional mobility, protect natural resources, and preserve a high quality of life for State residents.

The Naval Hospital displayed leadership by responding to its complex parking and transportation needs, which include overlapping shift workers and a constant flow of patients, with careful planning and creativity, according to Spray. Initiatives included promoting car-pooling by providing designated up-close parking for car pool vehicles, promoting running and walking as part of the Navy's required physical fitness program, use of compressed work weeks and telecommuting, and providing covered bicycle lockers and locker

rooms and showers for commuters.

"If we qualified for the award this year, just wait until next year," Spray said, referring to the many initiatives being designed for alternate means of commuting when the construction of the new wing and parking garage begin in late summer.

"We expect to lose 170 parking places during the 12 to 15 months of construction, and none of those will be patient parking," said Parker. "So we are looking at more innovative ways to reduce commute trips by our staff in the near term and inspire good commuting habits for the long term."



## NHB Nets Health Promotion Award, contd.

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to prevention since 1980. This command has taken action," Mano said.

"This command is committed to the shift from illness-based medicine to proactive wellness and prevention. That is strategic goal #4," said Commanding Officer, Capt. Gregg Parker, MC, USN.

According to Lt. Kristin

Cleaves, MSC, USN, head of Health Promotions and Patient Education Dept., the programs were in place. "This hospital was selected to run the pilot program for Navy Medicine's 'Put Prevention into Practice.' This means every member of the hospital staff is a part of the prevention team. We are committed to prevention at all levels from community awareness activities to supporting the

fleet to intervention programs at the individual level, such as our Tobacco Cessation Program, Diabetes Awareness and Education and Cholesterol Reduction programs," she said.



## Putting Prevention into Practice By Chris Hober, TRICARE Northwest

During the TRICARE network transition from Group Health, a woman approached me at a military treatment facility (MTF) open house in tears. "How could they?" she sobbed. "I finally have a doctor who makes preventive care part of his practice, and now I have to give him up." After reassuring her that she would continue to receive preventive care if she enrolled at the MTF, she calmed down a bit. Then, still harboring some doubts, she followed my advice.

In light of the TRICARE Northwest accomplishment in which every regional MTF met the DoD goal of establishing a program for Putting Prevention Into Practice (PPIP), it was very sound advice. The incident serves to underscore the change in paradigm that has occurred not only at the DoD Health Affairs level, but also among those that they serve. In fact, a recent Gallup Poll found that 50% of adults would change their doctor in order to obtain appropriate clinical preventive services.

From a marketing view it means that customer satisfaction with the TRICARE Program will hinge, in part, on our ability to provide such services as a routine part of the patient clinical experience. Once again, TRICARE Northwest has taken the lead. In moving from an environment where we simply treat illnesses and injuries to one where we identify the potential for illness or injury early and try to ward against them, TRICARE Northwest MTFs are truly "keeping the promise of TRICARE Prime."

Credit for this accomplishment must be shared among all of the regional MTFs, the Office of the Lead Agent and Foundation Health Federal Services. Together, as part of the Regional Evaluation and Assessment of Preventive Practices (REAPP) Committee, they have developed a regional program that met the DoD goal of establishing PPIP region-wide by April

1999.

The way in which each facility met the goal, however, was a little different. Naval Hospital Bremerton (NHB) began the process in April, 1998 as a PPIP demonstration site. Creating a web-based database of some 23,000 family practice patients, NHB collates HEAR Survey data with clinical information to give the provider a patient packaged for



prevention at every encounter.

"That's the key to success," explained Lt. Col. Helena Montano, Office of the Lead Agent Director of Wellness and Quality Management. "By combining the PPIP clinical preventive health services needed with the patient's self assessment from the HEAR Survey, the provider can enhance the delivery of preventive care in primary care practice."

NHB was followed closely by the 62<sup>nd</sup> Medical Group at McChord AFB, which took the extra step of purchasing a Healthwise Handbook for active duty airmen stationed at the base. The 62<sup>nd</sup> MG also incorporated a preventive orientation for all patients coming in for an appointment in which a healthcare tech fills out a preventive flow chart while interviewing the patient.

Madigan introduced PPIP last September as part of the TRICARE Senior Prime Program. As new enrollees were oriented by their respective clinics, they filled out a HEAR survey, had their records reviewed, and were provided an opportunity to obtain any necessary tests or procedures for preventive purposes. Naval Hospital Oak Harbor (NHOH) and Fairchild AFB's 92<sup>nd</sup> Medical Group began phasing in PPIP Programs this year.

At NHOH, providers began by concentrating on nutrition, alcohol, and tobacco risk factors among their patients.

Getting there, however, was not a simple process. The committee worked hard to develop a PPIP flow sheet for clinical use which outlined all areas to be covered when assessing a patient. Adult and child preventive services timeline wall charts for providers and patients were redesigned. Finally, a training module had to be developed and a cadre of individuals from across the region was educated on PPIP in practice and on how to train others on the program. The committee is currently putting finishing touches on a CD-ROM training module.

"This was no small accomplishment," explained Montano. "We were only successful because we worked as a region and constantly shared lessons learned throughout the process. If you try to implement PPIP independently, it's overwhelming. A lot of different disciplines and administrative activities are involved across an MTF, so collaboration is a key element to success."

She also praised the efforts of FHFS. "We could not have realized our goals without them," she said, FHFS produced the training manual for the program, all of the promotional material and assisted with MTF training.

The lieutenant colonel expects PPIP to ultimately result in lowered health costs, but for her, it's not the bottom line. "I believe that PPIP will result in healthier patients. It should increase the number of preventive tests and procedures, and should also raise the awareness level of our patients on the importance of prevention to their long-term health. Moreover, it will provide for more efficient delivery of clinical preventive services, and a mechanism for tracking improvement in that area. That is something that is new to our healthcare system."